

Municipalities building a stable insurance future.

125 East Court Street Ithaca, NY 14850 607-274-5590 INFO: consortium@twcny.rr.com www.tompkins-co.org/healthconsortium

November 17, 2014

Mr. Daniel J. Sheridan
Principal Insurance Examiner
New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

RE: Quarterly Statement

Dear Mr. Sheridan:

The Greater Tompkins County Municipal Health Insurance Consortium is pleased to submit two (2) original copies of the Consortium's Quarterly Statement for the period ending September 30, 2014.

If there are any questions concerning the filing of this information please let me know.

Sincerely,

Michelle Pottorff, Administrative Clerk

mehelie Ateory

Greater Tompkins County Municipal Health Insurance Consortium

STATE OF NEW YORK DEPARTMENT OF FINANCIAL SERVICES

DATA REQUIREMENTS FOR MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS

Greater Tompkins County Municipal Health Insurance Consortium

Name of MCHBP

FOR THE FISCAL QUARTER ENDING

September 30, 2014

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

2013 Revision

QUARTERLY STATEMENT

FOR THE QUARTER ENDING	September 30, 2014	

OF THE CONDITION AND AFFAIRS OF

<u>Greater Tompkins County Municipal Health Insurance Consortium</u> (Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York

	made to the New York State D	Department of Financial Serv	rices pursuant to the law	s thereof.
Date Certified As An MCHBP:	October 1, 2010			
Commenced Business:	January 1, 2011			
Mailing Address:	c/o Rick Snyder, Director of	Finance Tompkins County	125 Fast Court St. Ithac	a NY 14850
Address of Main Administrative Office:	Same as Mailing Address	Titlatios, Tompiano Goarty,	TES EGGT GGGT GG TATAS	4,111
Telephone Number:	(607) 274-5502	Employer's ID Number:		27-1447438
Principal Location of Books and Records:	Same as Mailing Address			
Name of Administrator:	N/A			
Name of Statement Contact Person:	Donald Barber, Executive D	irector		
Statement Contact Person E-mail	sunnybrk@gmail.com		Telephone Number:	(607) 539-3395
			•	
Service Areas (Counties):	Tompkins			
		OFFICERS*		
President:	Judith Drake		Other Officers:	Rordan Hart, Vice Chairperson
Secretary:	Deborah Prato		-	Richard Snyder, Treasurer
Chief Financial Officer:	Steven P. Thayer			Don Barber, Executive Director
		GOVERNING BOARD*		
		GOVERNING BOARD		
Name Svante L. Myrick	Title Board Member		City of Ithaca	<u>Municipality</u>
Deborah Prato	Secretary		County of Tompkins	
Donald Barber Laura Shawley	Executive Director Board Member		Town of Caroline Town of Danby	
Mary Ann Sumner	Board Member		Town of Dryden	
Herb Masser Glenn Morey	Board Member Board Member		Town of Enfield Town of Groton	
Judith Drake	Chairperson		Town of Ithaca	
Lucia Tyler M. Elizabeth Karns	Board Member Board Member		Town of Ulysses Village of Cayuga Heigh	nts
Charles Becker	Board Member		Village of Dryden	
Charles V. Rankin Rordan Hart	Board Member Vice Chairperson		Village of Groton Village of Trumansburg	
Doug Perine Scott Weatherby	Board Member Board Member		CSEA, County of Tomp	kins and Community College
Mack Cook	Board Member		City of Cortland	and Community Conege
Kathy Miller Rick Snyder	Board Member Treasurer		Town of Lansing City of Ithaca	
TWO CONTYGEN	Trouduct	9	Only of Innaoa	
STATE OF New York				
COUNTY O	T Tompline			91
COUNTY	TOTIPATIS			
Judith Drake Steven Thayer	President, Chief Financial Officer (or	Deborah Prato Corresponding person havir	ng charge of the financia	_, Secretary, I
records of the MCHBP) of the	Greater Tompkins County N	Municipal Health Insurance C	Consortium	, being duly sworn, each for himself deposes
and says that they are the above described of assets were the absolute property of the said				
this Statement, together with related exhibits,	schedules and explanations t	herein contained, annexed of	or referred to is a full and	true
statement of all the assets and liabilities and of its income and deductions therefrom for the positions.				
	1714		24 mc	Hak President
Subscribed And Sworn To Before Me This		Day of	The total	Plesident
November (Month)	2014 (Year)		Soulle	Secretary
Cottoney a Core	1 (Teal)		Lean	Chief Financial Officer
NOTARY PUBLIC	2		9 5.	
CATL(Beal)NIE	COVERT			(Corporate Seal)
Notary Public State	e of New York			
No. 4960 Qualified in Torh	Side County			
Qualified in Lorni Commission expires	June 24. 20 1	· Constitution of		
Commission expires	The state of the s	3		
W.	(a) Is this an original filing?	· ·	Yes [X]	No []
	(b) If no:	(i) state the amendment nu	inder	4
		(ii) date filed		
		(iii) number of pages attach	ed	

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.

Revised 2013

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1	2
	Total	Total
I. Bonds (Schedule B line 0199999, Page NY 9)	-	-
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	
2.2 Common stocks (Schedule B line 0399999, Page NY 9) 3. Real estate	-	
4.1 Cash (Schedule A Line 0399999, Page NY 8)	8,317,320	3,563,863
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8) 4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	9.247.220	0.500.000
5. Premiums receivable (Schedule C. NY 10)	8,317,320 35,637	3,563,863 277.412
6. Other invested assets	35,637	211,412
7. Receivable for securities		
B. Aggregate write-in for invested assets	-	
2. Subtotal cash and invested assets (Lines 1 to 8)	8,352,957	3,841,275
10. Investment income due and accrued	0,332,937	3,041,273
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	_	217.354
11.2 Funds held by or deposited with reinsured companies		217,007
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest		
thereon	<u>-</u>	
12.2 Net deferred tax asset	_	
13. Electronic data processing equipment and software	-	
14. Furniture and equipment, including health care delivery assets	_	
15. Health care and other amounts receivable	-	212,000
16. Aggregate write-in for other than invested assets	6,905,817	6.864.425
17. Total Assets(Lines 9 to 16)	15,258,774	11,135,054
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR		
INVESTED ASSETS		
0801.	-	
0802.	-	
0802.	-	
0804.	-	
0805.		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER		
THAN INVESTED ASSETS		
1601. Restricted cash	5,952,117	5,947,189
602. Ancillary benefits receivable		9,130
603. Excellus BCBS prepaid claims (Advance deposit)	953,700	908,10
1604.		
1605.		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,905,817	6,864,425

^{*} As reported on Prior Year End filed Annual Statement.

OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1	2
	Total	Total
Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	2,748,266	3,574,393
. Premiums received in advance	1,224,565	196,396
. General expenses due or accrued		
.1 Current federal income tax payable and interest thereon	-	
.2 Net deferred tax liability	-	
. Ceded reinsurance premiums payable	-	
. Amounts withheld or retained for the account of others	-	
. Borrowed money and interest thereon	-	
Payable for securities	-	
Funds held under reinsurance treaties	_	
Aggregate write-ins for other liabilities	_	
1. Accounts payable (Schedule G, NY12)	358,265	315,38
2. Claim stabilization reserve		3.3.5.
3. Unearned premiums	_	
4. Loans and notes payable		
5. Aggregate write-ins for current liabilities	10,899	
	4,341,994	4,086,17
6. Total liabilities (Lines 1 to 15)		
7. Aggregate write-ins for special surplus funds	600,000	600,00
Gross paid-in and contributed surplus		1 800 10
9. Unassigned funds (surplus)	8,502,960	4,723,49
0. Surplus notes		
1. Surplus per Section 4706(a)(5) **	1,813,820	1,725,38
Total capital and surplus (Lines 17 to 21)	10,916,780	7,048,88
Total liabilities, capital, and surplus (Lines 16 + 22)	15,258,774	11,135,05
001 002		
003.	-	
004.	-	
005.	-	
098. Summary of remaining write-ins for Item 10 from overflow page	-	
099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT		
IABILITIES	10.899	
501. <u>Uneamed ancillary benefit premiums</u> 502.	10,099	
503.		
504.		
505.		
598. Summary of remaining write-ins for Item 15 from overflow page		
599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	10,899	
ETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS UNDS		
	600 000	600.00
701. Assigned for Catastrophic Claims	600,000	600,00
702.		
703.		
704.	-	
705		
798. Summary of remaining write-ins for Item 17 from overflow page	-	
799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	600,000	600,00

^{*} As reported on Prior Year End filed Annual Statement.

 $^{^{\}star\star}$ Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
1. Member Months	1 Total 30,395	2 Total 46,083	3 Total 61,063	4 PMPM XXX	5 PMPM XXX
2. Net premium income: 2.1 Basic	20,772,710	25,986,909	34,507,671	683.43	565.12
2.2 Drugs 2.3 Total	6,434,590 27,207,300	25,986,909	34,507,671	211.70 895.12	565,12
Change in unearned premium reserves and reserve for rate credits: 3.1 Basic	-	20,000,000		-	-
3.2 Drugs 3.2 Total	-	-	-	-	-
Aggregate write-ins for other health care related revenues Investment	9,551	6,766	9,871	- 0.31	0.16
Non-health revenues Total revenues (Items 2 to 6)	103,568 27,320,419	152,629 26,146,304	146,563 34,664,105	XXX 898.85	XXX 567.68
Hospital and Medical:	47.440.000	40.005.000	04 400 000	50444	254.00
Hospital/medical benefits Other professional services	17,146,023	16,905,068	21,438,806	564.11	351.09
10. Outside referrals 11. Emergency room and out-of-area	5,504,661	5,334.230	6,574,951	- - 181.10	107.67
12. Prescription drugs 13. Aggregate write-ins for other hospital and medical 14. Incentive pool, withhold adjustments and bonus amounts	5,504,661	5,334,230	6,574,951	-	107.67
15. Aggregate write-ins for other expenses	182,059	175,596 22,414,894	237,105 28,250,862	5.99 751.20	3.88 462.65
16. Subtotal (Lines 8 to 15) Less:	22,832,743	22,414,894			
Net reinsurance recoveries Total hospital and medical (Lines 16-17) Claims adjustment expenses, including cost containment expenses	75,613 22,757,130	22,414,894	281,688 27,969,174	2.49 748.71 -	4.61 458,04
20. General administrative expenses 20.1 Compensation	35,797	48,691	35,960	- 1.18	0.59
20.2 Interest expense 20.3 Occupancy, depreciation, and amortization	-	-	119,425	-	1,96
20.4 Marketing 20.5 Professional Fees	35,850 716,003	37,027 759,904	99,112 939,946	1.18 23.59	
20.6 Administration Fees 20.7 Consulting Fees	716,903 57,800	55,181 396,681	64,722 614,612	1.90 18.63	
20.8 Aggregate write-ins for other administrative expenses 20.9 Total administrative expenses	566,281 1,412,631	1,297,484	1,873,777	46.48	
21. Increase in reserves for A&H contracts 22. Total underwriting deductions (Lines 18 to 21)	24,169,761 3,150,658	23,712,378 2,433,926	29,842,951 4,821,154	795.19 103.66	
Net underwriting gain or (loss) (Lines 7 - 22) Net investment income earned Net realized capital gains or (losses) less capital gains taxes	3,130,036	- 2,433,920	-	103.00	76.95
26. Net investment gains or (losses) (Lines 24 + 25) 27. Aggregate write-ins for other income or expenses	(107,308)	-	-	(3.53	-
28. Net income or (loss) after capital gains tax and before all other					
federal income taxes (Lines 23 + 26 + 27) 29. Federal income taxes incurred 30. Net income (loss) (Lines 28 - 29)	3,043,350 - 3.043,350	2,312,102 - 2,312,102	4,669,374 - 4,669,374	100.13 - 100.13	76.47 - 76.47
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES 0401 0402.		-	_	-	
0403 0404.	-		-	-	-
0404. 0498, Summary of remaining write-ins for Item 4 from overflow page	-	-		-	
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, Item 4)	-	-	-	_	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1301.	-	-	-	-	-
1303. 1304.		-		-	-
1305. 1398. Summary of remaining write-ins for Item 13 from overflow page 1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, Item 13)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES	400.050	475 500	007.405	5.00	2.00
1501. NYS Graduate Medical Education Tax 1502.	182,059	175,596	-	5.99	-
1503. 1504.		-	-		-
1505. 1598. Summary of remaining write-ins for Item 15 from overflow page	182,059	-	-		
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)	182,059	175,590	237,105		4
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.801. Insurance (Directors & Officers, Professional Liability)	383,355 182,926			12.61	
20.802. Stop-loss premiums 20.803.	102,920	-	-	-	9.70
20.804. 20.805. 20.898. Summary of remaining write-ins for Item 20.8 from overflow page				-	<u>-</u>
20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	566,281	396,681	614,612	19	10
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2701. Miscellaneous expenses	(722		(5,217		
2702. Insured Ancillary benefits expense 2703. PCORI Fund Fee	(96,408 (10,178	(4,448) -	(0.33	
2704. Legal Fees 2705.		(220	4		-
2798. Summary of remaining write-ins for Item 27 from overflow page 2799. TOTALS (Items 2701 thru 2705 plus 2798) (Page 4, item 27)	(107,308	(121,824	(151,780) (4	(2

^{*} As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

	Current Quarter	Previous Year *
CAPITAL & SURPLUS ACCOUNT	1	2
	Total	Total
31. Capital and surplus prior reporting year	7,048,883	4,626,192
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	3,043,350	4,669,374
33. Change in valuation basis of aggregate policy and claim reserve	-	*
34. Change in net unrealized capital gains and losses less capital gains tax	••	*
35. Change in net deferred income tax	-	-
36. Change in nonadmitted assets	-	
37. Change in unauthorized reinsurance	-	4
38. Change in surplus notes	1	,
39. Cumulative effect of changes in accounting principles	1	
40. Capital Changes		······································
40.1 Paid in		
40.2 Transferred to surplus	-	-
41. Surplus adjustments:		-
41.1 Paid in		
41.2 Transferred from capital		*
	-	*
42. Dividends to participating municipal corporations (or school districts)		-
43. Change in surplus per Section 4706(a)(5)	88,436	(296,607
44. Change in retained earnings/fund balance	736,110	(1,125,530
45. Interest on surplus notes	-	-
46. Aggregate write-ins for changes in other net worth items	-	(824,546)
47. Aggregate write-ins for gains or (losses) in surplus	-	
48. Net change in capital and surplus (Lines 32 to 47)	3,867,896	2,422,691
49. Capital and surplus end of reporting period (Line31 + 48)**	10,916,779	7,048,883
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS	_	
4601. Additional needed for 12% IBNR	-	\$ (824,546)
4602	=	<u> </u>
4603		-
4604.	_	-
4605	<u>-</u>	
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)		(824,546)
(LOSSES) IN SURPLUS		
(LOSSES) IN SURPLUS	\$ -	\$ -
(LOSSES) IN SURPLUS 4701 4702	\$ - -	\$ -
(LOSSES) IN SURPLUS 4701. 4702.		\$ - -
(LOSSES) IN SURPLUS 4701. 4702. 4703.		\$ - -
(LOSSES) IN SURPLUS 4701. 4702. 4703. 4704.		\$ - -
(LOSSES) IN SURPLUS 4701. 4702. 4703. 4704. 4705.	-	\$ - -
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS 4701	-	- - - - -

^{*} As reported on Prior Year End filed Annual Statement.
** Must agree with Page NY 3 Line 22

Greater Tompkins County Municipal Health Insurance Consortium (Name)

GENERAL INTERROGATORIES

l. a)			any change been made since the last ement; plan document or the number		nicipal cooperation agreement; administra I corporations (or school districts)?	tion	Yes []	No [X]
b)	If	f "Ye	es", when was the filing request to cha	ange the agreements or c	locuments filed with the Department of Fin	nancial Services?	Date:	N/A
	i))	If "approved", when was the filing req	uest approved?			Date: Date: Date:	N/A
							Date:	
	ii	· 1	If not "approved" yet, what is the state N/A N/A	us of the filing request an	d the status date?		Date: Date:	
			N/A N/A				Date:	N/A
c)	li	f "Ye	es", attach current copies of the docur	nents if they have not be	en previously submitted.			
2. a) b)			e as of what date the latest financial e		P was made or is being made. ame available from either the state or the		Date:	12/31/13
	C	comp			heet and not the date the report was comp	bleted	Date:	12/31/13
3. a)			any person, while an officer, director o d covered by this statement, any com		entity, receive directly or indirectly, during transactions of the reporting entity?	the	Yes []	No [X]
b)	It	f "Ye	es", give particulars:					
		N/A		[
‡. a)		V/A Vas	money loaned, directly or indirectly, o	during the period covered	l by this report to any employee, officer, or	director of the MCHBP?		
			es", please complete the schedule be				Yes []	No [X]
						3	4 Amount of Loan	5 Date Original
			1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
b)		-	0599999. Totals	prior to the period severe	d by this senset with an amount atill outsto	unding to any ampleyee		
ĺ			er, or director of the MCHBP? If "Yes"		d by this report, with an amount still outsta hedule below.	inding, to any employee,	Yes []	No [X]
						3	4 Amount of Loan	5 Date Original
			1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	Original Loan Amount	Principal Outstanding at Quarter End	Loan Was Issued
			N/A					
- =			0599999. Totals				V. IV.	
5. a) b)		s the	059999, Totals e fiscal officer of the MCHBP covered				Yes [X]	No []
	1	is the	e fiscal officer of the MCHBP covereces", give name of surety company, an	d amount of coverage:	easurer are both covered by the County of mpany of Marvland, Colonial American Ca		nonesty Bond (a.k.a. Fide	elity
	1	Is the If "Ye The (Bond	e fiscal officer of the MCHBP covered es", give name of surety company, an Consortium Treasurer and the Conso f). This coverage is provided through	d amount of coverage: rtium Assistant to the Tre Fidelity and Deposit Col a subsidiary of Zurich Am	mpany of Maryland, Colonial American Ca perican Insurance Company. The coverag	sualty and Surety Compa	nonesty Bond (a.k.a. Fide ny, 1400 American Lane	elity
b)		Is the	e fiscal officer of the MCHBP covered es", give name of surety company, an Consortium Treasurer and the Conso 1). This coverage is provided through umburg, IL, 60196. This company is a ppropriation of funds and each person eall the stocks, bonds, and other sec	d amount of coverage: rtium Assistant to the Tre Fidelity and Deposit Col a subsidiary of Zurich Am n is covered up to a \$2,0	mpany of Maryland, Colonial American Ca perican Insurance Company. The coverag	isualty and Surety Compa e provided covers embez	nonesty Bond (a.k.a. Fide ης, 1400 American Lane element and/or the	elity
b)	I E S	Is the	e fiscal officer of the MCHBP covered es*, give name of surety company, an Consortium Treasurer and the Conso 1). This coverage is provided through mburg, IL, 60196. This company is: appropriation of funds and each perso	d amount of coverage: ritum Assistant to the Tre Fidelity and Deposit Coi a subsidiary of Zurich Am n is covered up to a \$2,0 urities owned as of the re	mpany of Maryland, Colonial American Ca lerican Insurance Company. The coverag 00,000 maximum.	sualty and Surety Compa e provided covers embez	nonesty Bond (a.k.a. Fide ny, 1400 American Lane	elity
b) 6. a)		The Control of the Co	e fiscal officer of the MCHBP covered es", give name of surely company, an Consortium Treasurer and the Conso 1). This coverage is provided through mburg, IL, 60196. This company is appropriation of funds and each perso e all the stocks, bonds, and other sec 18P on the said date? o", give location: uding real estate and investments he	d amount of coverage: ritium Assistant to the Tre Fidelity and Deposit Coi a subsidiary of Zurich Am n is covered up to a \$2,0 urities owned as of the re No stocks, bonds, or off Id physically in the report	mpany of Maryland, Colonial American Ca lerican Insurance Company. The coverag 00,000 maximum. eporting period in the actual possession of lier securities owned by the Consortium at-	isualty and Surety Compa e provided covers embez the this time.	nonesty Bond (a.k.a. Fide ης, 1400 American Lane element and/or the	elity
b) 6. a) b)	E S S T N N N N N N N N N N N N N N N N N	Were MCH	e fiscal officer of the MCHBP covered es*, give name of surety company, an Consortium Treasurer and the Conso f). This coverage is provided through mburg, IL, 60196. This company is: appropriation of funds and each perso e all the stocks, bonds, and other sec fibP on the said date? o*, give location: uding real estate and investments he all stocks, bonds and other securitie a qualified bank or trust company in a	d amount of coverage: ritium Assistant to the Tre i Fidelity and Deposit Cor a subsidiary of Zurich Am n is covered up to a \$2,0 urities owned as of the re No stocks, bonds, or oth d physically in the report s, owned throughout the accordance with Section	mpany of Maryland, Colonial American Ca erican Insurance Company. The coverag 00,000 maximum. eporting period in the actual possession of the securities owned by the Consortium at	isualty and Surety Compa e provided covers embez the this time. It boxes, odial agreement is, F. Outsourcing of	nonesty Bond (a.k.a. Fide ης, 1400 American Lane element and/or the	elity
b) 5. a) b)		The OBond Were MCH If "No Exclusive rewith a Critical	e fiscal officer of the MCHBP covered es", give name of surety company, an Consortium Treasurer and the Conso 3). This coverage is provided througi mburg, IL, 60196. This company is a ppropriation of funds and each perso e all the stocks, bonds, and other sec fBP on the said date? o", give location: uding real estate and investments he all stocks, bonds and other securitie a qualified bank or trust company in a cal Functions, Custodial or Safekeepi	d amount of coverage: ritium Assistant to the Tre Fidelity and Deposit Coi a subsidiary of Zurich Am n is covered up to a \$2,0 urities owned as of the re No stocks, bonds, or oth di physically in the report s, owned throughout the accordance with Section ng Agreements of the NAIC Fina	mpany of Marvland, Colonial American Ca lerican Insurance Company. The coverag 00,000 maximum. porting period in the actual possession of her securities owned by the Consortium at ing entity's offices, vaults or safety deposi current year held pursuant to a direct cust 1, III — General Examination Consideration	isualty and Surety Compa e provided covers embez the this time. It boxes, odial agreement is, F. Outsourcing of ook?	nonesty Bond (a.k.a. Fidelity, 1400 American Lane lement and/or the	No []
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Greater Tompkins County Municipal Health Insurance Consorti (Name)

GENERAL INTERROGATORIES (Continued)

11. a)	What is the percentage that the MCHBP uses for its claims payable reserve?	
b)	Is the percentage used for claims payable reserve equal to the $\frac{minimum}{m}$ requirement of 25% as per Insurance Law § 4706(a)(1)?	Yes[] No[X]
c)	If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)?	Yes[X] No[]
d)	If c) is "Yes", answer the following: i) When was the request filed with the Department of Financial Services?	Date: <u>11/08/13</u>
	ii) When was the request approved?	Date: N/A
	iii) If approved, please attach a copy of the approval letter.	
12. a)	Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis?	Yes[X] No[]
b)	If No, give details: N/A	
	N/A	
13. a)	Was the MCHBP's prior year's annual statement amended?	Yes[] No[X]
b)	If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile	
	i) Amendment numberN/A	
	ii) Date of amendment N/A	
14.	Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof?	Yes[X] No[]
15. a)	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?	None
b)	List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.	
	Name Amount Paid N/A	
	(N/A	
16. a)	Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days?	Yes[] No[X]
b)	If a) is "Yes", provide the following:	
	i) Anticipated date of distribution.	Date: N/A
	ii) Anticipated amount of distribution.	<u>N/A</u>
17. a)	Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law?	Yes[X] No[]
b)	If a) is "Yes", answer the following:	
	i) When was the request filed with the Department of Financial Services?	Date: 10/01/10
	ii) When was the request approved?	Date: N/A
	iii) If approved, please attach a copy of the approval letter.	
c)	If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:	
	This information was submitted as part of our application process to the state and was approved at that time.	
	A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10.	

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Data	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust Company	xxx	xxx	0.095	xxx	XXX	1,429		8,317,320
		xxx		xxx	XXX			
		xxx		xxx	xxx			
		xxx		xxx	XXX			
		xxx	H. C. A.	xxx	xxx			
		xxx		xxx	xxx			
		xxx		xxx	xxx			*
		xxx		xxx	xxx			
		xxx		xxx	xxx			
		XXX		xxx	xxx			
0199999 Total Cash on Deposit	XXX	XXX	xxx	xxx	xxx	1,429		8,317,320
0299999 Cash in Company's Office	xxx	xxx	xxx	xxx	xxx	xxx	xxx	
0399999 Total Cash	XXX	XXX	XXX	XXX	XXX	1,429	-	8,317,320
Description Cash Equivalent	XXX	xxx	xxx	xxx	xxx	XXX	XXX	XXX
Description Cash Equivalent	7000	7000	7000	7000	7000	XXX	XX	7000
The second secon								
0400000 Total Cook Faviralist	xxx	xxx	xxx	XXX		PERMIT		
0499999 Total Cash Equivalent 0599999 Total Cash and Cash Equivalent	XXX	XXX	XXX	XXX	s -	\$ 1,429	\$ -	\$ 8,317,320
NOTE: Negotiable certificates of deposit to be reported in	Schedule B.							

SCHEDULE B — INVESTMENTS

	2	3		5	_	7	
1 CUSIP			4		6 Book/Adjusted Carrying Value	7	8 Stated Contractual
Identification	Description	Par Value	Actual Cost	Fair Value	Carrying Value	Acquired	Maturity Date
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lived Co.							
Heger I among the state of the							
0199999	Total bonds	\$ -	\$ -	\$ -	\$ -	XXX	XXX
1 CUSIP	2	3 Number of	4 Par Value	5	6 Fair	7 Book/Adjusted	8 Date
Identification	Description	Shares	4 Par Value per Share	Actual Cost	Value	7 Book/Adjusted Carrying Value	Acquired
XXX	List Preferred Stocks	XXX	XXX	XXX	XXX	XXX	XXX
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
0299999	Total Preferred Stocks		XXX	\$ -	\$ -	\$ -	XXX
XXX	List Common Stocks	XXX	XXX	XXX	XXX	XXX	XXX
		XXX N/A	XXX XXX XXX				
XXX	List Common Stocks		XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
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XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
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XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX	XXX	XXX
N/A XXX	List Common Stocks N/A		XXX XXX XXX XXX XXX XXX XXX XXX	N/A N/A	XXX N/A	XXX N/A	N/A
XXX	List Common Stocks		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX N/A	XXX N/A	XXX

September 30, 2014	(Quarter Ending)
STATEMENT AS OF	Į.

Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

Name of Debtor	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
						€
Faculty and Student Association of TC3	7,190		2,364		-	9,554
Tompkins Cortland Community College	2,920		19,388			22,308
TC3 Culinary	3,775					3,775
						1
						-
						-
0199999 Individually Listed Receivables	13,885	7	21,752	•		35,637
0299999 Receivables Not Individually Listed						
0300000 Gross Premiums Receivable	13 885	1	21.752	1	•	35,637
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable				1		35,637

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A	Claims Paid During the	e Current Fiscal Year	Claims Unp of Current C Estimated Li of Curren	Quarter Viz: ability at End	F Total Claims Paid During the Fiscal Year and Claims Unpaid	G Estimated	н
Description of Claims	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year	at End of Current Quarter on Claims Incurred in Prior Years (B + D)	Liability of Unpaid Claims at End of Previous Fiscal Year	Amount Unpaid Claims is Over or (Under) Reserved
Hospital & Medical Claims	1,985,655	15,156,405	-	2,725,363	1,985,655	2,726,944	741,289
2. Drug Claims	(6,392)	5,785,217		22,903	(6,392)	22,903	29,295
3. Other		-	-		-	824,546	824,546
4. TOTAL	1,979,263	20,941,622		2,748,266	1,979,263	3,574,393	1,595,130

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

September 30, 2014	(Quarter Ending)
STATEMENT AS OF	

Greater Tompkins County Municipal Health Insurance Consortium

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

	7	6	ď	7	ц	9
Account	1-30 Days	31-60 Days	61-90 Days	91 - 120 Days	Over 120 Days	Total
Locev & Cahill	1.469		•	1	1	1,469
ProAct	334,524		1	•	-	334,524
Excellus	20,190	-		•	1	20,190
Don Barber - Executive Director	2,081					2,081
						•
						A SAME APPEAL OF THE PARTY OF
						-
						-
						-
						-
						-
						-
						-
						ı
0199999 Total Accounts Payable - Individually Listed	358,265	ī	•	•	•	358,265
0299999 Agaregate Accounts Not Individually Listed - Due	•		•	•		-
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due	*	1	1			
9999999 Total Accounts Payable	358,265	•	•	•	1	358,265

September 30, 2014 OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
	Teal Ellu	ist Quarter	Zilu Quartei	Siù Quartei	4(ii Quartei
Number of Participating Municipal Corporations	15	15	15	15	

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior	С	D	E	F
	Year End	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of employees and retirees enrolled	2,288	2,279	2,277	2,262	

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	61,063	15,173	15,222	15,187	Company of the Company

September 30, 2014 OF THE Greater Tompkins County Municipal Health Insurance Consortium (Name)

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

L	Current Quarter
Number of paticipating Municipal Corporations (or school districts)	15
Number of enrolled members	2,262
Percentage used to calculate the Surplus per Section 4706(a)(5)	5%
Annualized Net premium income	36,276,400
5. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	1,813,820
Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,725,384
7. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,813,820

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Yea
	1	2	3	4	5
ge NY 2	Total	Total	Total	PMPM	PMPM
TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT				11	
EM 8 FOR INVESTED ASSETS					
06 07.				XXX	XXX
08.				XXX	XXX
09.				XXX	XXX
08. TOTALS (Items 0806 thru 0810)				XXX	XXX
	-	•	-	***	***
ge NY 2					
TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT M 16 FOR OTHER THAN INVESTED ASSETS					
6.				xxx	xxx
7.				XXX	XXX
8.				XXX	XXX
9.				XXX	XXX
8. TOTALS (Items 1606 thru 1610)	-	-	-	XXX	XXX
ge NY 3 TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
M 10 FOR OTHER LIABILITIES				=	
6.				xxx	xxx
7.				XXX	XXX
8.				XXX	xxx
9.				XXX	xxx
0				XXX	XXX
8. TOTALS (Items 1006 thru 1010)	8			XXX	XXX
ge NY 3					
TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
M 15 FOR CURRENT LIABILITIES					
6.				XXX	xxx
7.				XXX	XXX
8.				XXX	XXX
9				XXX	XXX
8. TOTALS (Items 1506 thru 1510)	-	ded some of the contract		XXX	XXX
				7	7,0,0,
ge NY 3					
TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
M 17 FOR SPECIAL SURPLUS FUNDS					
6.				XXX	XXX
07 08.				XXX	XXX
99.				XXX	XXX
10.				XXX	XXX
98. TOTALS (Items 1706 thru 1710)	-	-	-	XXX	XXX
ge NY 4		1			
TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
TAILS OF ADDITIONAL WRITE-INS AGGREGATED AT EM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
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M 4 FOR OTHER HEALTH CARE RELATED REVENUES 16. 17. 18.					
M 4 FOR OTHER HEALTH CARE RELATED REVENUES 16. 17. 18. 19.					
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^{*} As reported on Prior Year End filed Annual Statement.

Greater Tompkins County Municipal Health Insurance Consortium
(Name)

September 30, 2014 (Quarter Ending)

OVERFLOW PAGE FOR WRITE-INS

Current Quarter Previous Year Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS 4606.
4607.
4608.
4609.
4610.
4698. TOTALS (Items 4606 thru 4610) Page NY5
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS 4706.
4707.
4708.
4709.
4710.
4798. TOTALS (Items 4706 thru 4710)

^{*} As reported on Prior Year End filed Annual Statement.